

THE

CANADIAN HOSPITAL

JULY, 1938

OFFICIAL JOURNAL • CANADIAN HOSPITAL COUNCIL



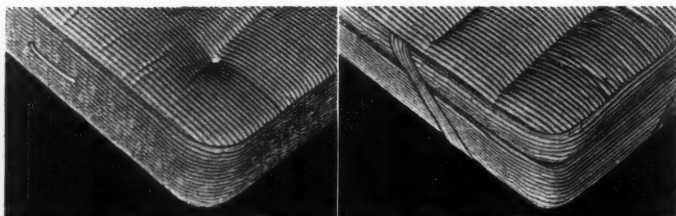
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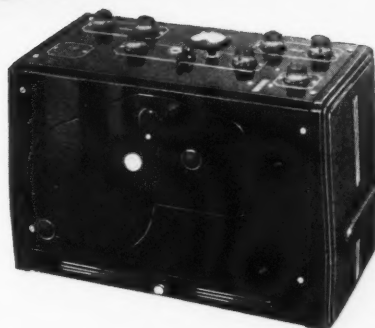
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"The Canadian Hospital"

Official Journal of the
Canadian Hospital Council

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The CANADIAN HOSPITAL

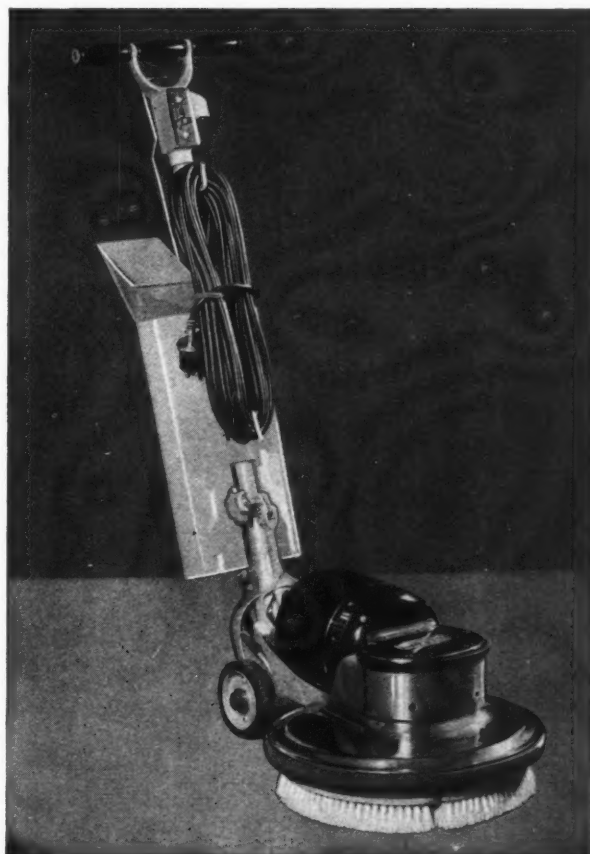
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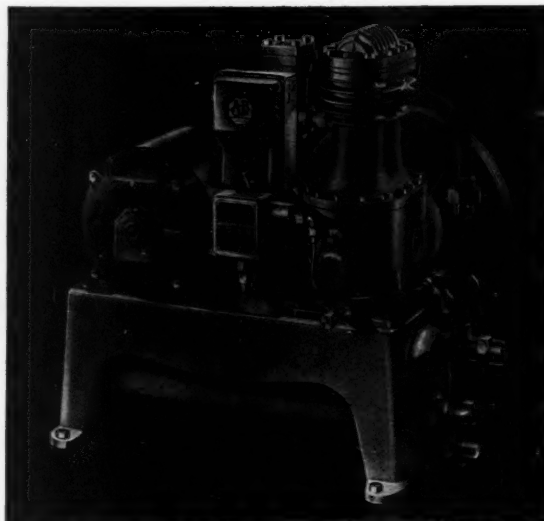
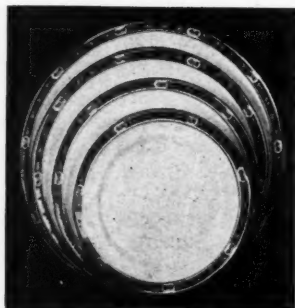
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Milk . . . from tuberculin tested cows . . .
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The Vitamin "D" addition in Cow & Gate
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in conformity with the modern view that
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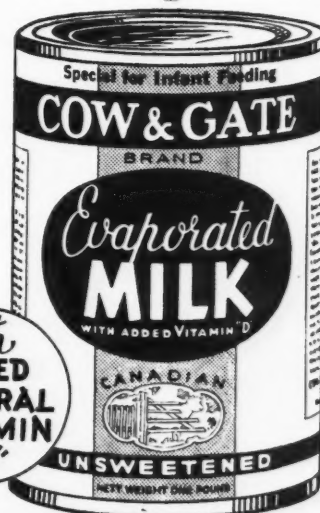
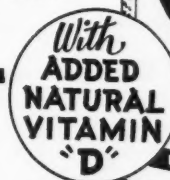
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By Appointment
to H.M. the King
of Yugoslavia



By Appointment
to H.M. the King
of Iraq



CANNED FOODS IN THE CONTROL OF LATENT AVITAMINOSIS C

● The identification of cevitic acid (1-ascorbic acid) as vitamin C served as a direct stimulus for the intensive study of the multiple problems involved in determining the human requirement for this factor. As a result of much extensive work, there have been developed three methods for estimating the intake or store of vitamin C in the body.

The "retention or saturation" test is carried out by administering a massive dose of vitamin C and determining the amount excreted in the urine in a given time (1).

As a second method, the daily excretion of vitamin C in the urine is considered indicative of adequacy of the intake (2).

A third method is the determination of the amount of vitamin C in the blood plasma or serum (3). These tests have been combined in balance studies and may serve as valuable checks in the diagnosis of latent scurvy, when used

separately or in conjunction with the less specific capillary resistance test (4).

Evidence is accumulating from the application of these tests which confirms the older view that acute cases of scurvy are rare in this country. However, this evidence does indicate rather wide occurrence of the sub-clinical forms of scurvy (5).

Correction of this condition is largely a matter of modification of the diet to include more liberal quantities of the fruits and vegetables which are known to be good sources of vitamin C. Recent reports indicate that vitamin C in such fruits and vegetables is afforded a good degree of protection during modern canning operations (6).

Since they are available at all seasons on practically every Canadian market, these canned foods afford a valuable and economical means of controlling latent avitaminosis C.

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(1) 1935. The Lancet 228-I, 71

(2) 1936. Am. J. Med. Sci., 191, 319

(3) 1935. Proc. Soc. Exper. Biol. & Med., 32, 1930

(4) 1933. J. Lab. & Clin. Med. 18, 484

(6) 1936. J. Nutr. 12, 405

1936. Ibid. 11, 383

1935. Am. J. Pub. Health 25, 1340

(5) 1937. The Avitaminoses

Eddy and Dahldorff

William and Wilkins

Baltimore

Harvey Agnew, M.D.,
Editor



CANADIAN HOSPITAL

JULY, 1938

Vol. 15

No. 7

Purchasing for a Large Hospital

A Detailed Description of the Procedure Followed in a Well Organized Institution

By L. F. C. KIRBY,

Purchasing Agent, Vancouver General Hospital, Vancouver, B.C.

THE economic wellbeing of a large institution such as the Vancouver General Hospital, with a capacity of twelve hundred patient beds, may well be augmented by an efficient Purchasing Department. When it is borne in mind that it is through this channel that hospital revenue is expended, the necessity for efficiency in this department at once becomes obvious. The Purchasing Agent in such an organization cannot personally perform all the routine functions of his department; but his finger should be constantly on the pulse of the various activities under his control.

Highly desirable qualities in a Purchasing Agent include diplomacy, power of analysis, foresight, and last, but by no means least, common sense; diplomacy alone pays liberal dividends in creating and maintaining cordial relations as between the Purchasing Agent, his staff, and those whose business it is to negotiate with his department. Goodwill, while intangible, is unquestionably an asset, and as such, is subject to transfer from one person to another with consequent beneficial results.

The first step in the procedure of purchasing, as followed by the Vancouver General Hospital, is the submission by the operating departments of a requisition form whereby the Purchasing Agent is notified of their requirements; all requisitions are filled in duplicate, the originals are sent to the Purchasing Department, while the duplicate copies are retained by the departments requisitioning; these forms are duly examined by the General Superintendent and Office Manager before the Purchasing Agent takes action. These requisitions collectively represent requests for new stock, repairs and service; those for repairs or service are referred to the heads of the departments concerned, such as the engineer, clerk of works, pharmacist, etc. The requisitions for new supplies are sent to the storekeeper; they are known to him as "supply requisitions", and he forthwith proceeds to fill these re-

quests from stock; details of items that may be out of stock and other items that may be running low are entered in a want-book, and it is from this "Want" or "Shortage" book that he writes daily "purchase requisitions" for the replenishing of his stores.

At this point it might be emphasized that the Purchasing Agent's knowledge of the immediate needs of the operating units which he serves is of high importance; he should, therefore, ever keep alive to changing trends of market conditions with a view to fulfilling advantageously the demands made upon him. The supply requisitions are collected daily from the storekeeper and are taken to the purchasing department for sorting and compilation of departmental costs. Supply requisitions are carefully checked for signature, issuance, and for receipt of goods; they are then "priced" by the stock record clerk who, after extending and totalling same, proceeds to separate them by units to reveal costs of departmental operations. "Supply requisitions" now become expense bills of the operating departments. In the final stages of arriving at the cost analysis, the various departments and wards are segregated under the various commodities issued by code, as set up in the Asset Control Account. Numerous adding machine tapes are run for totals of the different commodities, these totals are then transferred to a trial balance sheet, proved and balanced to the stock ledger. The cost analyses are then compiled giving the total cost of monthly departmental expenses. Delay by requisitioning departments in making known their needs to the purchasing agent tend to penalize the institution by causing purchases to be made in circumstances that are not always to the best advantage of the hospital; in view of the foregoing the desirability of curtailing "urgent" requisitions may be stressed.

A "purchase" requisition is a form made out by the storekeeper for the replenishing of stock in the central

Purchasing for a Large Hospital—Kirby

Form A. 105, 10, 12, 1937

1 VANCOUVER GENERAL HOSPITAL INVENTORY

Class of Goods _____
 Building _____
 Store Room Location _____

DATE _____

QUANTITY PRICE AMOUNT

THE VANCOUVER GENERAL HOSPITAL
 CORNER TENTH AVE. AND HEATHER STREET
 VANCOUVER, B.C. 193

THIS HOSPITAL IS EXEMPT FROM SALES TAX

DEPARTMENT COUNTERSIGNED _____
 SECRETARY _____
 PURCHASING AGENT _____

TOTAL _____

Inventory Taken by _____
 Listed by _____
 Checked by _____

Priced by _____
 Extended by _____
 Approved by _____

Form A. 106, 10, 12, 1937

2 GOODS RECEIVED
 (STORES DEPARTMENT)

DATE _____ 19__

RECEIVED THIS DAY FROM: _____

Quantity _____ Article _____

4 THE VANCOUVER GENERAL HOSPITAL QUOTATION FORM

Vancouver, B.C. 193

Please quote your lowest price ON THIS SHEET for the following Articles F. O. B. Hospital. No charge for packages or cartage will be allowed over and above prices quoted on this sheet. The right is reserved to accept or reject quotations on each item or as a whole. Subject to the right of the Hospital to terminate at any time, if goods not deemed satisfactory by General Superintendent or Secretary. This sheet must be signed by the bidder. Hospital terms of payment unless otherwise specified. Quotations will be received until _____ and must be returned in enclosed envelope. The lowest or any quotation not necessarily to be accepted.

Purchasing Agent _____

QUANTITY ARTICLE BRAND SUBSTITUTE (if any) Unit Price TOTAL

3 CONDITION OF PURCHASE

ACKNOWLEDGE receipt of this order at once, advising shipping date and any incorrectness in price.

IT IS IMPERATIVE that invoices be mailed same day shipment is made. A separate commercial invoice must be rendered for each order number.

CUSTOMS INVOICES: Required for all shipments originating out of Canada. Use Canadian Customs Form, U.S.A. "M.A." British "M.B." in triplicate and sign all copies.

NO CHARGE allowed for boxing, packing, crating or cartage.

IF PRICE is omitted, material is to be invoiced at lowest prevailing market price.

THIS OFFICE to be notified at once if you are unable to fill this order or any part thereof, and if shipment is delayed for any cause whatsoever.

THE VANCOUVER GENERAL HOSPITAL reserves the right to cancel this order if not filled within a reasonable time and in accordance with terms specified.

RENDER INVOICES and Credit Notes immediately. This will facilitate the passing of payment voucher to Accounting Department immediately.

IMPORTANT All materials subject to our inspection and approval, notwithstanding prior payment to obtain cash discount. Vendor to pay all transportation charges both ways on rejected materials. In case of default, or rejection, the Vancouver General Hospital reserves the right to purchase in the open market, and hold the vendor responsible for any excess costs occasioned thereby. Any violation of specifications or contract automatically cancels the contract and removes the vendor from the bidding list.

SELLER WARRANTS title to commodities delivered on this order, and warrants them free from defects and/or imperfections, and will indemnify and hold Purchaser harmless against any, or all suits, claims, demands, and/or expenses, patent litigation, infringement, material, materials' or laborer's liens, or any claims by the third parties in or to the commodities on this order.

DELIVER NO GOODS without official Order Number, the same being issued by the Purchasing Office.

ACCEPTANCE of this order by the vendor constitutes acceptance of the contract on the above conditions.

Fig. 1

Forms used in the Purchasing Department of the Vancouver General Hospital.

1. Inventory Sheet.
2. Goods Received.
3. Official Order Number.
4. Quotation Form.
5. Purchase Requisition.
6. Inter-departmental Form.
7. Stock Ledger Sheet.
8. Stores Requisition.
9. Back Order Form.
10. Job Order Number.
11. Requisition to Move Equipment.

storeroom and must eventually bear the signatures of the General Superintendent, Office Manager and the Purchasing Agent. Upon receipt of a purchase requisition, the purchasing department proceeds to examine current market conditions and considers the best source of supply from which to make purchases.

The department maintains records of commodity costs

in the form of *quotation ledgers* and *contract forms*; these documents are preserved for a period of five years and are essential as permanent records of the operations of the department. It has been estimated that approximately twelve thousand distinct and separate items are utilized by the Vancouver General Hospital in the course of a year;

(Continued on page 16)

Purchasing for a Large Hospital—Kirby

FORM A 138

5

PURCHASE REQUISITION

TO PURCHASING DEPT.

PLEASE PURCHASE THE FOLLOWING GOODS AND CHARGE TO _____ ACCOUNT

VANCOUVER GENERAL HOSPITAL

Nº 9529

DATE _____

REQUESTED		CHECKED		APPROVED	
QUANTITY	DESCRIPTION	PRICE	DISC.	STORES REQ. NUMBER	ORDER NUMBER

FORM A-33 3M 8-37

6

INTER-DEPARTMENTAL COMMUNICATION

V. G. H.

To _____

From _____ 193...

FORM A 101

7

STORES REQUISITION

V. G. H.

DATE _____

PLEASE FURNISH _____ DEPARTMENT OR WARD WITH THE FOLLOWING

REQUESTED	CHECKED	APPROVED	THIS SPACE TO BE USED ACCOUNTING DEPT. ONLY
QUANTITY	ARTICLE	SIZE	UNIT TOTAL

FORM A 90

V. G. H. JOB ORDER Nº 150

ALL SLIPS, REQUISITIONS AND INVOICES MUST SHOW ABOVE NUMBER

TO _____ (DEPT.) DATE _____

YOU ARE HEREBY REQUESTED TO PERFORM THE WORK DESCRIBED BELOW AT _____

10 DESCRIPTION OF WORK

APPROVED _____ GENERAL SUPER

ESTIMATED COST

LABOR	

MATERIALS

ESTIMATED TOTAL \$ _____

WORK COMPLETED _____ 193...

CHARGE _____ BUILDING SUPERINTENDENT OF _____

FORM A-101

9

BACK ORDER SHEET

V. G. H.

TO _____ WARD OR DEPARTMENT

THE ARTICLES LISTED BELOW ORDERED ON YOUR REQUISITION No. _____ DATE _____ ARE OUT OF STOCK.

THESE ITEMS WILL BE DELIVERED ON _____

QUANTITY	ARTICLE

FORM A 30

11 Nº 49

REQUISITION TO MOVE EQUIPMENT

V. G. H.

Date _____ 193...

To the Superintendent of Buildings and Grounds:—

Please move the following equipment from _____

on _____

SERIAL NO.	DESCRIPTION	MOVE TO

Above work completed on _____ 193...

By _____ Checked _____

POSTED

Fig 2

Forms used in the Purchasing Department of the Vancouver General Hospital.

Purchasing for a Large Hospital

(Continued from page 14)

therefore accurate and readily available knowledge of stock on hand is of paramount importance to the purchasing official.

Various departments and officials, such as engineering, clerk of works, and main storeroom, are required to report at monthly intervals the *amount of supplies on hand*, such information is requisite to the Purchasing Department in checking requisitions and budget estimates, and in anticipating probable future demands when planning long term contracts. After deciding upon the source of supply, taking into due consideration price, quality and service, an order is placed with the selected vendor, who receives an official hospital order number, the confirmation of which follows by mail. The "Order" is carefully checked, signed by the Purchasing Agent, and countersigned by the Office Manager; the duplicate copy of the order is filled alphabetically, the triplicate copy being despatched to the Receiver of Central Stores.

Upon receipt of an Invoice the Purchasing Department checks same against the delivery slip as to quantity, and signature for the receipt of goods; invoices are posted daily to the duplicate copy of the purchase order, and are checked to ascertain that the quantities received are as ordered. In the event of short delivery, "Back order" sheets are made out to the end that orders may be eventually completed. An order, having been completed thus far, has passed rigid checking as to quantities, date of receipt and costs; it is next removed from the "Daily Order File" and filled with com-

pleted orders; this method curtails the possibility of the hospital accepting duplicate invoices. The foregoing data having been duly transferred to the duplicate copy of purchase order, the hospital "Order Number" is now placed on the invoice, indicating a complete checking so far. Invoices are now checked for prices, which are verified by reference to Contracts and Quotation ledgers; the personal

signature of the Purchasing Agent then testifies at this stage as to the accuracy of the invoice. These accounts are coded by their various asset symbols and are then posted to a price and record system of stores accounting. On completion of these details the invoice may be considered as ready for vouchering and payment in due course by the accountant.

Periodically, *inventories* are taken of stock on hand in the storerooms, and are priced and extended for totals. The net amount of each inventory represents, therefore, the assets of the hospital that are held in stock. The inventories must agree with the balance of stock on hand after the requisitions (which are now expense bills) have been deducted from the General Ledger Control.

Estimates of Future Requirements

Detailed estimates of requirements for a future period are necessary to budget-making authorities. If a pur-

chasing official keeps abreast of market conditions and knows the varieties of materials required to complete a certain work programme, he can perform a useful function by expressing an opinion as to the reasonableness of the preliminary demands submitted by the various departments. Such estimates also serve as a valuable guide to the Purchasing Agent in planning contracts for a fiscal

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L. F. C. KIRBY

Budget Speech of Interest to Hospitals

The budget presented to the House of Commons by the Honourable Chas. A. Dunning has practically no changes of direct concern to hospitals. Of considerable interest, however, is the exemption of building materials from the Sales Tax. Public hospitals have enjoyed the exemption for some years under certain restrictions. Under the new arrangement, it would not appear necessary for hospitals to purchase the following building materials themselves to obtain the exemption: all lumber, sashes, doors, laths, and shingles; bricks, building tile, building blocks, cement, stone, plaster and lime; plaster boards, fibre board, insulating materials, building paper and wallpaper; paints, varnishes, white lead and paint oil; prepared roofings;

glass for buildings; plumbing fixtures, not including piping and pipe fittings; furnaces for heating buildings; builders' hardware; and some other minor items. It will be realized that an exemption of the type here attempted presents considerable difficulties, and it was found impossible to provide specific exemption in respect of all the hundreds of various miscellaneous items entering into the construction of houses. It was necessary to make a selection but all the important materials which have their primary or predominant use in house-building are included. Accordingly, lumber, for example, although having many other uses, will be tax-exempt no matter for what purpose it is used. This will be the case with all the items exempted.

The Rural Small Hospital*

By JOHN FERGUSON, M.D.,

Secretary, Board of Governors, Toronto Western Hospital; Chairman, Legislative Committee, Ontario Hospital Association

THE small hospital holds the stage this morning. Whether the small hospital be located in a busy centre of population, or on the roadside of frequent traffic, or in some lonely spot far from the haunts of men, it must aim to do *domus praesidii, protectus, curae et comitatus*, the home of shelter, protection, care and friendship. Regardless of its size or structure, it should be a place of shelter in the time of need and to the needy, it must protect the afflicted from the winds and storms without and from the neglect of the thoughtless; it is obligated to give care and study to the sufferings of those stricken down on the highway of life, and it must be the abode of friendship, that mysterious power that caused the despised Samaritan to become one of the world's immortals.

Sixty-three years in the study and practice of medicine, enable me to look back over the conditions then and to recall their steady, if slow, upward progress to their present very satisfactory status. But this was not accomplished without much toil and thought, and the generous giving of time and money. A great army of men and women threw into the cause the full force of their will to win; and the results have far exceeded anything ever chronicled in fiction.

First there arose a thought, and that thought took on the form of action. It was something that was in Whittier's mind when he penned these lines:

"It was only a thought, but the work it wrought,
Can never by pen or tongue be taught;
It ran through that life like a thread of gold,
And that life bore fruit a hundredfold."

And so North America now leads the world in the number and efficiency of its hospitals. During these years many were sowing thoughts and reaping acts, and from these acts reaping habits, and from these again reaping characters; and so:

"Great things thro' greatest hazards are achieved,
And then they shine."

Sixty Years Ago

Contrast sixty years ago with to-day. Then there was practically no pathology other than coarse post mortem findings. The knowledge of bacteriology was but a dim

hazy fringe of what it is to-day. To see a microscope was as rare an event as to find a meteorite in a hospital's back-yard. The wards of the hospitals were the breeding ground of pathogenic organisms, and it was seldom that a wound healed without suppuration; and an expectant mother made a dangerous venture when she entered a

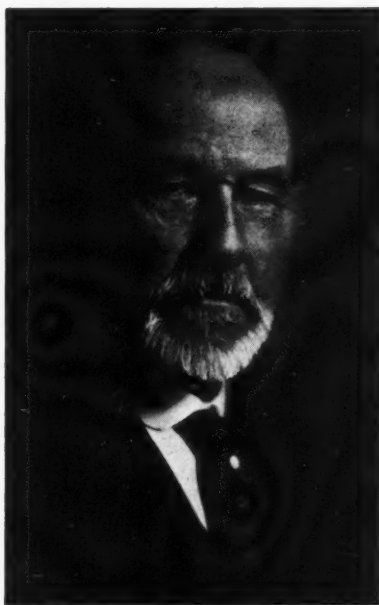
general hospital. The only vaccine in use was the Jennerian against variola. These were trying days for the surgeon, as he was laboring under adverse conditions. These conditions made the progress of surgery both slow and hazardous. In many hospitals the nursing was done by women who had acquired some practical knowledge, but never had a regular training. There was no radium, no X-ray, no biochemistry, no physiotherapy, no blood transfusions and almost no blood study, while the Widal, Wasserman and such like tests were hidden in the future. Endocrinology was limited to a little work that had been done in connection with the thyroid gland.

To-day

To-day there is a system of organization, or what is usually described under the term "personnel". Now "personnel" means the entire group of persons in any way doing duty in connection with the hospital. In the make-up of such a hospital there are several essentials that must be insisted upon, regardless of the size of the hospital. These essentials are a perfect loyalty to the management, a genuine friendship throughout the group, honest performance of duty and a sincere desire to build up a good name for the institution. But, in addition to these good qualities, there must be *loyalty to an ideal*, and that ideal is the Golden Rule. Any employee who falls short of these tests should be excluded from the work of the hospital. However, it is preferable not to employ than to find it necessary to dismiss.

Medical Care

In the development and growth of small hospitals the medical and surgical care of the patients is always a very important matter, and usually a difficult one to arrange satisfactorily. The responsibility of the hospital for the care and treatment of public charity patients is a definitely legal obligation. Therefore it is necessary for the hospital to maintain complete control over these cases and the professional attention given them. This entails the necessity



JOHN FERGUSON, M.D.

*Summarizing address in a Symposium on the Rural Small Hospital, Great Lakes Meeting of the American College of Surgeons, Toronto, March, 1938.

of creating a medical staff, composed of physicians, surgeons and specialists to the extent the district can furnish. This closes the public wards to all but the appointed members of the staff. In most small communities all of the local doctors are on the staff and take turns caring for the public patients. In some a selected few are given this responsibility. These arrangements may occasion some opposition on the part of those members of the profession not actively on the staff and resident locally, but in view of the legal responsibility of the hospital this must be met and the proper method adopted.

Relations to the Administration and Trustees

The medical staff of all "acute" hospitals should have a recognized method for the discussion of hospital problems with the superintendent and governing body. Frequent interchange of views is necessary and makes for better progress and better feeling. The spirit of compromise should be in evidence on all occasions, the aim being to secure the best solution under the prevailing conditions of space, money and equipment. There should be either a medical advisory committee or, as is now required in this province, the chairman of the staff could be an *ex officio* member of the Board.

Staff Meetings Invaluable

Let me urge the advisability of the medical men in the area of the smaller hospitals meeting from time to time for the purpose of mutual improvement by the discussion of their cases. One can hardly imagine any hospital where such staff meetings would be impracticable. Just give this a trial and watch it grow. Remember the lines of Longfellow:

"All your strength is in your union,
All your danger is in discord;
Therefore be at peace henceforward,
And as brothers live together."

Medical Records

A few words seem to be in order on the important subject of "Acceptable Medical Records". In the larger hospitals someone may be selected for this duty; it may be relegated to the interns in charge of the various hospital divisions. In the small hospitals no intern and usually no record librarian are available. Where other help is not available the medical attendants must assume responsibility for the records of their own patients. The late Sir William Osler laid much stress on the value to medical men of the practice of keeping records. Bacon stated that "reading makes a full man, speaking a ready man and writing an accurate man". No one can prepare so satisfactorily as the physician or surgeon in charge of the patient the record of a case. It goes without argument that the hospitals should supply proper forms, and suitable facilities, as conveniently located as possible. *The one real essential is the desire of the doctors themselves to keep good records.* Once this idea is grasped by the medical staff the major difficulty has been solved.

Efficient Nursing Service

On this question I am decidedly of the opinion that small hospitals of fifty or fewer beds should *not* maintain a training school for nurses. It is very doubtful if such hospitals can make the requisite arrangements for a satis-

factory course of studies. If this cannot be done, then an injustice has been done the nurses. Further, if the nurses in training are imperfectly taught, the patients suffer and the doctors are dissatisfied.

It has been established beyond any reasonable doubt that the employment of graduate nurses is less costly than a mixed system of a few graduates and a considerable number in training. Moreover, the method of employing graduates yields the best results, both for patients and doctors. It is, therefore, the plan to be preferred for the smaller hospitals.

The Nobility of the Healing Professions

The great field of mental and physical activity, that lies before the healing professions, has been traversed by many, and yet there are many aspects not yet explored and reclaimed. Aesculapius, the reputed god of the medical art, was the son of Apollo and Caronis. In Homer, however, he is designated the blameless physician, whose son Machon cultivated surgery, while Padaliruis became the physician. In this connection there has come to us a beautiful piece of statuary representing Aesculapius standing at the foot of a couch on which is the reclining form of a sick man. In his right hand the blameless physician holds the Caduceus entwined by the serpent, his toga draped down from his shoulders, his left arm extended towards the sick one, and on the physician's face a calm and serious pose.

When one reaches the fifth century before our present era, one comes into contact with that great father of medicine, Hippocrates, the personification of all that is ethical, noble and truthful. His example is still with us and we are still his students, carrying on his methods. From his day to the present there have been many great names to inspire us.

"But when a great man dies,
For years beyond our ken,
The light he left behind him lies
Athwart the paths of men."

There is no calling in life that has so many ennobling features in it as that of the profession of medicine, taken in its broadest aspects. All members of the profession are human and they are dealing with humanity in its threefold complexity of body, mind and spirit.

Placing ourselves between the achievements of the past and the possibilities of the future, let me cull some great thoughts from the immortals. Of man Shakespeare tells us—"What a piece of work is man, how noble in reason, how infinite in faculty, in form and moving how express and admirable, in action how like an angel, in apprehension how like a god!"

Shelly pictures man in these words:

"Man is of soul and body, formed for deeds,
Of high resolve, on fancy's boldest wings,
To soar unwearied, fearlessly to turn,
The keenest pangs to peacefulness, and taste
The joys which mingled sense and spirit yield."

Having brought before you what our great potentialities are, let me lay before you two great sayings upon the *sphere of our activities.*

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Medical Social Work as a Vital Health Service*

By J. MABEL KNISELEY, Reg. N.,
Director of Social Service, Toronto General Hospital

SOcial Service is just what its name implies, a service to society. Conceived in the 17th century in Paris, France, and nurtured in Great Britain and our neighbouring country to the south, it has made a tremendous growth in those countries, and is now a distinct profession. Medical social work is a similar service but always associated with the providing of health needs and the prevention of sickness. Social workers, in their efforts to investigate and better social conditions, often find health problems at the root of poverty and vice. Medical social workers, in their efforts to alleviate and prevent physical suffering frequently find that poverty or vice are the causal factors. Is it not, therefore, logical to conclude that it is most important for those specializing in either type of service to do the closest possible teamwork? To work together with harmony, understanding and efficiency, each should know something of the other's problems and objectives. I believe, therefore, that the medical social worker, in addition to her foundation work along medical lines should have an intimate knowledge of sociology. Similarly, the social worker, together with a comprehensive study of sociological subjects, should have some intimate knowledge of medical care and problems related to this care.

Courses which are especially designed as preparation for this profession are provided by universities and colleges in Great Britain and the United States. They have attracted some of the most brilliant minds, and many of these graduates are not only contributing to the efficiency of hospital services, but to the business of assisting in governmental work as well. We here in Canada have been rather slow to appreciate just what this service could do for our hospitals alone. Montreal and Toronto have been the centres of greatest development along this line. There does seem now, however, to be a movement to develop a more general interest in Medical Social work. To us in the East where this type of work has been carried on more or less progressively for the past twenty or more years, the growth has seemed to be *very* slow. There is ever present the great need for that very necessary accompaniment to *any* development, viz: *financial backing*. Even in the centres where development has been greatest—in Montreal and Toronto—lack of sufficient funds has retarded its expansion.

*Address given at the Sixth Canadian Conference on Social Service Work, Vancouver, B.C., June 21, 22 and 23, 1938.

Responsible for Admitting of Patients

In the first place a medical social worker should be responsible for the admitting of all patients to both the wards and the clinics in the Out-Patients' Departments. The applicant for an hospital bed is necessarily under something of a strain. The friends or relatives are also passing through a period of suspense. Both patient and relatives are excited, tense, and emotionally upset. Can there possibly be a time when each is in greater need of wise counsel and sympathy? There is the necessary "red tape", the discussion of finances, the assigning to proper place, the arranging for care of valuables and clothing, the stating of hospital regulations, etc. Who is so well-fitted to question with sympathy and understanding as the

*An outline of the task of
the medical social worker
—and her value to the
patient, the hospital and
the taxpayer.*

medical social worker? She has intimate knowledge of hospital routine and has also intimate knowledge of the possible problems that may play some part in the retardation of the patient's recovery—such as anxiety over family cares, financial difficulties, or just inherent fear of hospitals. She knows that when patient or relatives say they are quite able to pay the hospital bill, it may be because of their failure to appreciate the cost of lengthy hospitalization. Right here is where wise questioning may clear away misunderstanding and possibly save the accounting office of the hospital the cost of unnecessary investigation, to say nothing of the saving of time to the medical social worker when she is called upon to arrange for the discharge of the patient later on. When there is the question of transportation to distant centres, at the admission of the patient may be the only time that a personal contact with the relatives is possible. The strategical place for this to be done is in the admitting office.

Similarly, at the admitting desk of the Out-Patients' Department are the services of a medical social worker most valuable. Let me plead for privacy for patient and worker. Constant interruptions from both other patients and members of the hospital staff interfere greatly with the efficiency of this service.

Impositions Upon Hospital Clinics

Much may be said, and is said for that matter, regarding the impositions upon hospital clinics. But from personal experience I feel justified in saying that for every one patient who is not eligible for the comparatively free clinical service, easily one hundred are deserving. Is it not, therefore, better that one undeserving patient should

receive free treatment than that one deserving patient should be refused?

Never should the medical social worker allow herself to become a financial investigator. She defeats the very object for which she works if she accepts that duty. Yet in the process of questioning for admission of the applicant for treatment, the worker acquaints herself with the patient's resources and obligations. By rapidly turning these over in her mind, and knowing something of the heavy drain upon finances made by illness, whether acute or chronic, she should be in a position to determine whether or not he is eligible for free treatment.

There is an impression abroad among some people that only a home visit can be a deciding factor in determining financial status. It must be remembered, however, that even in the home visit the worker has only her interview to rely upon, as appearances of the patient's home environment are often most deceiving. The following facts are considered as determining factors: age, nationality, whether married or single, number of dependants, number of children, whether buying or renting, whether house or apartment and the amount of outlay in each case, previous illnesses and their duration, possibility of hospitalization, operations, X-ray or other expensive treatments. Those of you who have been in once comfortable homes, now devoid of the very necessities of life, will surely look with sympathy upon the medical social worker who may at some time or other allow her sympathy for suffering to overrule her consideration for increased cost to the community of these growing clinical services. After all, is not the result to the taxpayer the same in either case whether he pays extra taxes for the up-keep of these clinics, or finds his tax rate increased by the decreased number of taxpayers? In the first instance we may, at least, be able to boast of a healthier community.

However, there are those who really must be refused admission. Those, there are, who are just wanderers, never satisfied with any treatment; those who, for some reason or other have lost confidence in their own family physician, or who just wish to avail themselves of specialists' advice without paying the price. Or there are those who, through ignorance of the real intention of this service present themselves for admission. Is there any reason why these should be turned away with a curt refusal when courteous and painstaking explanations of the service and suggestions for their consideration may send them away with a kindly feeling for the hospital and a better understanding of their own obligations toward it? Does it not stand to reason that all this can be done only by some one trained for the purpose, and whose duty it is to perform this particular task? No one whose primary obligation is the actual care of the sick, nor one who has only clerical experience can have sufficient time nor the understanding to deal with either the acceptance or the refusal of clinical applicants. This should be generally recognized as belonging to the province of the medical social worker.

Social Service in the Wards

Let us look for a few moments at the service in the wards of the hospital. Daily routine visiting by one who has time to listen to "tales of woe" contribute no small service in the smoothing out of difficulties connected with

hospital routine, or social problems which may affect the patient adversely. There is the unattached man or woman, ready for convalescent care but with no prospect of work. There are the infirm and old who would so much prefer the certainty of food and warmth and care on the ward to the uncertainty of consideration in a cheerless rooming house or with relatives who have no choice but to act as hosts. There is the patient recovering from operation, or the polio-victim unable to meet the extra cost of an expensive surgical appliance. There is the diabetic on insulin and requiring his special diet and scales with which to weigh his food. There are the sufferers from infectious diseases such as tuberculosis and venereal diseases who may require to be segregated on discharge. There is the maternity patient who has an already large family at home needing her care, and who may not have sufficient clothing for the new-born babe. There is the neurasthenic who must be helped to overcome his handicaps or to accept them philosophically, and after each failure to adjust himself to his environment. Then there are those from distant places for whom arrangements have to be made for transportation home.

Assistance at Discharge

Many of these patients become "clearance" problems. It means so much to the efficiency of her planning if the social worker has been given sufficient time for preparation for the discharge. Relatives may have to be contacted; tickets may have to be purchased or obtained some other way; certain appliances may have to be provided; suitable boarding places found; warm clothing collected; arrangements made for adequate relief when patients get home; applications for convalescent, incurable, aged, indigent, or mental patients may have to be sent out. Each one of these problems involves much time and painstaking work.

Supervision After Discharge

Some system should be devised whereby the patient can be persuaded either to return to his own family physician, if he has one, or to the hospital clinic for regular or occasional "check-up". What department of the hospital could arrange for this other than the social service? In this way the patient reaps the full benefit from his stay in hospital. This also gives the staff physician the opportunity to complete his records.

Medical Research and Teaching

Completed records make possible and more correct the compiling of statistics, and the occasional return of a patient for class demonstration enhances the value of teaching. The medical social worker plays no small part in effecting this contribution to medical science.

Social Service an Economy

The social service department of the hospital can prove an economy to the community. By assisting in the discharge of indigent patients from the hospital wards it keeps down the cost of hospitalization. By the follow-up of patients after discharge when there is a question of recurrence of illness, there is again the possibility of keeping down expenses for the community as well as for the individual or family. By repeated contact with distant

(Continued on page 37)

Obiter Dicta

Public Recognition of Meritorious Service

IT is fitting indeed that, during the past few weeks, two well known administrators have been signally honoured with honorary degrees by two of our leading universities. In recognition of her thirty years of service as director of the school for nurses at the Royal Victoria Hospital, Miss Mabel F. Hersey has had conferred upon her the degree of Doctor of Laws (*honoris causa*) by McGill University. At almost the same time Rev. Sister Allard, superintendent of the Hotel Dieu Hospital, was awarded the degree of Doctor of Hospital Science (*honoris causa*) by the Université de Montreal.

In both instances this recognition of faithful and meritorious service has been highly deserved and to the recipients we extend our warm congratulations. Those interested in hospital work will be pleased in a broader sense also, because of the recognition thus given to the public service rendered by the hospital administrator.

When one considers the tremendous individual contribution of hospital workers to the community welfare, it seems strange that the contribution of hospital and medical leaders has not been more widely recognized in the past. In actual fact the service given by them towards the happiness and welfare of the community far exceeds the contribution of many now chosen for honours. In England quite a few O.B.E.'s and other evidences of royal approval have been conferred upon hospital administrators, leaders in nursing, trustees and medical staff members. Since that link with the traditional British method of recognizing outstanding public service is intermittently discontinued in Canada (and for reasons not entirely logical), the action of these two leading universities in making these awards is indeed timely. It is hoped that other universities will see fit to take similar action.



Highway Accidents

ON every side we hear and read of the increasing toll of automobile accidents. Statistics show that in Ontario alone last year property damage from automobile accidents amounted to \$1,712,467. This is appalling but it does not reflect the most costly feature of the problem—the cost of hospitalization and medical treatment for those individuals involved in our 13,906 reported automobile accidents. This cost is variously estimated

from \$750,000 to \$1,000,000 for the 12,838 victims reported in this one province alone, but there is no way of establishing an accurate figure for this because a great many injuries occurring in connection with automobile accidents are never recorded. When an accident occurs the first thought is "Where is the nearest hospital?" and there the victim is rushed to be cared for, a day, a week, a month and sometimes a year and too often the hospital is left "holding the bag" when it comes time for the bill to be paid. True, this does not happen in every case but the fact remains that automobile accident cases are costing the hospitals of the country many, many thousands of dollars annually in uncollected accounts or losses by reason of having to provide service to the injured at municipal rates. Hospitals have carried this burden faithfully for years but the steadily increasing volume of traffic accident work has brought us almost to the limit of our resources and some aid must be sought.

The introduction of compulsory insurance might help to some extent but until insurance companies change their plan of making payment to the insured rather than direct to the hospitals the value of compulsory insurance is still a doubtful protection. The present requirement in most provinces for insurance *after* conviction for reckless driving or other offence is like locking the barn-door after the horse is stolen. The passing of a lien law for the protection of hospitals would to some extent improve the chances of collection but again the cases where such a law would apply are limited. Apparently the "gentlemen's agreement" now prevailing in three of the provinces is not proving very satisfactory. Therefore we must look to a more secure support and inasmuch as the development and enforcement of rules and regulations for the use of the public highways lies within the jurisdiction of the Department of Public Highways, and since the enormous revenue from licensing and gasoline taxes accrues to this department, it would seem reasonable to look to it to guarantee the hospital accounts of those persons injured on the highways under its control by vehicles and drivers licensed by it. The funds of this department are used chiefly to maintain and repair pavement which has become broken by traffic so the diversion of a portion of these funds for the repair of human bodies which have been broken by traffic should not be considered as being contrary to their inherent purpose. The cost could be included in the license fee. Without question there can be no other demand upon automobile revenue having the same undeniable right of claim as that which the hospital has for the care of the automobile accident victim.

Hospitals would not ask for aid when the victims are themselves able to pay, but hospitals do feel justified in expecting reimbursement to the extent of their per diem costs for services rendered to persons injured by machines licensed by the state and from which the state receives such an enormous income.

It would therefore behoove all hospital people to keep accurate records on automobile accident cost so that when the time comes for presentation of our case to the government, we will have something concrete to talk about, we will be able to show the number of cases treated, the number of hospital days, the cost of service, the total of collections and the total losses from this class of work.



Sales Tax on Drugs

FROM time to time The Canadian Hospital has made reference to the arrangements made by the Excise Department at Ottawa, whereby public hospitals have enjoyed exemption from the sales tax. This exemption has applied also to drugs, subject to the restriction that the exemption from sales tax will apply in the case of drugs only when the charge is not greater than the cost to the hospital of the drugs in question, plus 10 per cent. "In those cases where the addition to the cost of the drugs is greater than 10 per cent, or where sales are made to doctors or others not patients of the hospital, the hospital will be required to maintain a record of the sales made, and account for Sales Tax at the existing rate on the value of such goods sold."

During the past year or so the Department has been checking over the drug sales records in a number of the hospitals to ascertain how accurately the returns to the Government have been made. A number of the hospitals have contended and, with sound logic, that, where drugs have been compounded by the hospital pharmacist, the cost should include not only the original cost of the in-

redients but the labour, etc., required to compound and dispense the finished product.

This interpretation has not been accepted by the Excise Department. In a letter from the Commissioner of Excise to the Canadian Hospital Council, dated May the 2nd, after reviewing the previous correspondence since 1932, it is stated:

"... we have recently had considerable correspondence with hospitals on this point, in that the impression seems to be, though certainly it could not have been received from the Department in view of the various rulings I have referred to, that a hospital can take its total costs, i.e., drugs, compounding, labour, delivery and the like, and add 10% over all and still escape the tax; this is not the case, however.

"Another point that has been causing considerable difficulty recently is that our auditors are now starting to check the hospital accounts and in several cases assessments have been set up and the hospitals have written to the Department or have made representations through their Members of Parliament or prominent local men, pointing out that they have had deficits in their operating expense, or that they did not understand the requirements, and various other reasons, with a view to obtaining exemption for the period that is past.

"While one personally may have every sympathy with the circumstances under which hospitals operate, nevertheless, some of these hospitals have not carried out the spirit of the legislation, not only in not accounting for their sales tax on drugs, etc., which they have purchased and re-sold, but cases have also been brought to attention where they have purchased free from tax under certificate foodstuffs, bedding and the like which they have re-sold to hospital staffs without accounting for sales tax thereon."

It was urged by the Commissioner that this interpretation be given publicity, as it might save the imposition of penalties by the Department when underpayments would be discovered.

Hospital Ships Doing Excellent Work On West Coast

The three hospital ships and the three hospitals of the Columbia Coast Mission of the Church of England are continuing to do much needed medical and mission work on the west coast and among the Indians in the isolated villages of Kingcome Inlet and Village Island. The three hospitals, St. Mary's Hospital at Garden Bay, St. Michael's Hospital at Rock Bay, and St. George's Hospital at Alert Bay, with a staff of twenty—nurses, orderlies, cooks, and doctors—achieved the grand total of over 8000 hospital days for 1937, a very substantial increase over the preceding year. A good many of the cases are from the logging areas and in St. George's Hospital one section is wholly devoted to Indian work. In this hospital increased accommodation will soon be necessary, particularly additions to children's wards, Indian and white, and also to the isolation wards.

The "John Antle", the famous hospital ship, last year covered 7,072 miles with 269 patients on shore and 118 on

board. This ship visits Sonora and Stuart Islands in the north and goes as far south as Half Moon Bay. A good deal of eye, ear, nose and throat work was done this last year among the children; it is hoped that dental clinics may be introduced through co-operation of the Provincial Health Department. The "John Antle" follows up the reports of medical needs which the mission ship "Rendezvous" brings back from her trips. The mission ship has no doctor but is used as an ambulance ship for emergencies and for conveying indigents to and from the hospitals. The "Columbia" is on constant patrol throughout the year and has never failed to answer any emergency call, however vague. Seymour Inlet is one of the chief ports, but the Columbia makes regular calls at Village Island and Kingcome Inlet where medical and mission work is being done among the Indians by six women of the Columbia Coast Mission staff.

The Provision of Adequate X-Ray and Clinical Laboratory Services*

How Several Hospitals of Moderate Size May Jointly Support a Central Laboratory

By OLIVER W. LOHR, M.D.,
Director, Central Laboratory, Saginaw, Michigan

THE provision of X-ray and clinical laboratory services for hospitals in moderate-sized cities has always been a problem. The size of the hospital limits the finances available for the personnel and equipment necessary to carry out all of the laboratory procedures, which are necessary to meet the requirements of the American College of Surgeons, and at the same time place in the hands of the physician as much data as he might require to aid him in his diagnosis, and to stimulate him to do the same type of accurate work as is expected of the man in the larger communities.

These things are not always possible, if the entire job is confined to one hospital. There must be sufficient finances for equipment, for the securing of properly trained technicians who will be paid a sufficient income to make it worth their while to remain in a smaller community, and last, but most important, for the securing of a clinical pathologist who is well qualified, and who can be sufficiently compensated so that he can devote full time to that work. The *centralization* of this work in a community, I believe, is the answer to the problem.

A Typical Joint Plan

In our community there are three hospitals working under such a centralized plan.

The *X-ray service* is taken care of by one well-equipped roentgenologist. In fact, we consider him one of the best in the State, and he has the complete confidence of all the men. In each hospital he has an X-ray technician trained and supervised by him to take diagnostic pictures and to assist him in therapy.

The *clinical laboratory* plan is somewhat similar. In each hospital there are technicians who, in the laboratory there, perform the necessary laboratory procedures: i.e., urinalyses, coagulations, hematology, sedimentations, phenolsulphonephthaleins, collections of blood for serology, bacterial smears, cultures, etc. This work is supervised by the pathologist.

There is, in addition to the hospital laboratories, a *central laboratory*, which is centrally located for all three

hospitals, where the serology, tissue preparation and diagnosis, bacteriological examinations, vaccines, animal inoculations, protein sensitizations, and any type of chemical analysis that might be requested, is done. Basal metabolisms and electrocardiograms are done both in the hospital and in the central laboratory. The central laboratory

also maintains a blood typing service and a card file where lists of all donors, both professional and otherwise, are kept. This service is available at any hour of the day or night.

The pathologist performs all post-mortems, the majority being performed in the hospital morgue. The interns are required to be present, and their assistance is expected, although not required. Postmortem material and all interesting surgical material is photographed in the gross and microscopically.

All reports of procedures are made in triplicate, one for the doctor, one for the hospital case record, and one for the laboratory file.

At the present time, one of our hospitals is presenting problem cases each week for diagnosis and discussion. Later, possibly the following week, if material has been obtained from the patient by biopsy or by postmortem and there is sufficient time to prepare the material, such is presented to the group for further discussion. The roentgenologist and pathologist are expected to take an active part in these discussions and to assist in arriving at the final conclusions.

The Photographic Service

The laboratory maintains a *photographic* service for the hospital, furnishing the materials and making the slides for presentation at the meetings.

The miniature camera furnishes a very fine medium for such photographic work, in both gross and microscopic pathology. Being small, it is easily handled and fairly inexpensive to operate, since many exposures can be made on one roll of film, either in black and white, or in color. Until recently, in order to show photographic specimens in color, it was necessary to use plates which were expensive and required experience in processing. A great many plates were spoiled in the process until a proper technique was acquired. Kodachrome pictures can be made now

One well equipped central laboratory under a competent pathologist is better than several poorly equipped laboratories without expert direction.

*Address Hospital Section of the Great Lakes Conference, American College of Surgeons, Toronto, March, 1938.

with a rather surprising accuracy in color values. It is possible to make quite complete photographic records of the cases, and many of the cell structures can be demonstrated to the physicians at the staff meetings. There seems to be a growing interest in pathological material presented in this way among the doctors, as contrasted with the distaste in handling old fixed specimens in the past.

Remuneration

A routine of clinical laboratory work is set up in the hospitals, for which a fee of \$5.00 is charged to the patient, if he is able to pay, and if not, the work is done on free service. This routine includes complete blood counts, urinalyses, coagulations, stool examinations, throat cultures, pleural fluids and other body fluids, sputums, tissues, spinal fluids and serology, both Kahns and Wassermanns. A special charge is made for other procedures.

Service to Surrounding Communities

The central laboratory also provides service for the surrounding communities. With the good roads of to-day, small hospitals within a reasonable distance from a central point can obtain laboratory services for special examinations with very little delay.

In a small town about 50 miles from our laboratory there is a small hospital from which we receive many interesting specimens. I attended a staff meeting there a short time ago, at which we conducted a clinical pathological conference in the same manner as we do in our own hospitals. Each man was presented with a mimeographed copy of the case history, physical findings, and laboratory findings. Diagnoses were placed on the blackboard as they were volunteered, and then the impossibilities were eliminated. The gross specimens were then presented along with photographs and photomicrographs. From the response, I could very well see that this should be continued. These men are doing good average work and are taking advantage of the services offered them.

Importance of Routine Examination

The American College of Surgeons, in its minimum standards, requires all tissues to be sent to the laboratory for examinations. This requirement permits the operating room supervisor, when any question arises as to whether the specimen should be sent to the laboratory or thrown into the waste basket, merely to state that this is the requirement of a "standardized" hospital. Every clinical pathologist receives many specimens which would likely have been thrown away as of no value, except for this ruling.

Recently I received some uterine tissue on which a diagnosis of "Post-abortion Tissue" was made. I found it to be quite an extensive *endometrial carcinoma* with no evidence of pregnancy. The uterus was removed at once, showing only a few small areas of carcinoma still remaining after the curettage. If these curettings had been thrown away without examination, it is evident what would have been the result. There are many instances of this kind of thing happening in all hospitals. Many diagnoses of early malignancy are missed by not insisting upon routine examination of *all* tissue.

In providing adequate and valuable X-ray and laboratory services in any community, there need be no difficulty, if a central organization can be located within a reasonable distance. Small communities so served can receive all the benefits of the large hospital area.

However, no small hospital needs to go without adequate laboratory services on account of distances, as specimens (tissues) can be "fixed" in 4% formalin, wrapped in gauze and paraffin paper, and sent to the nearest central point.

When it comes to the final summation, however, the value of the central organization lies in the properly trained pathologist who is thus able to devote all of his time to the success of that organization. He must be completely devoted to the task of helping to make better medicine in his community.

Statistical Study of Illness in the Civil Service of Canada

A study of the incidence of sickness among Civil Servants has recently been issued by the Department of Pensions and National Health. This study of a group of 30,617 adults is of particular interest, because of the wide field of activity covered by these Civil Servants, their various occupations being both exposed and sheltered, and the group including such workers as letter carriers, revenue officers, those employed on the land and in connection with animal husbandry, office workers, etc.

It is of interest to note that the average time lost covered by medical certificate amounted to 5.9 days; with casual leave averaging 1.5 days, this brought the total time lost to 7.4 days. The time lost on medical certificate—5.9 days—compares favourably with the all Canada figure for adult workers of 5.5 days.

Of the 30,617 Civil Servants, 7,876 were ill on medical certificate during the year 1935-1936. Their total illnesses amounted to 10,582 with a total loss of 183,129 or 1.99% of the total working days.

Respiratory disease was the greatest in both sexes but from that point on with the exception of accidents, which were third for both sexes, the order of frequency changes materially. In males, gastro-intestinal disease is second and circulatory disease is fourth, whereas among women functional nervous diseases are second and alimentary diseases fourth, with circulatory disease down in sixth place. Rheumatism is fifth with men, and eighth with women. Genito-urinary is fifth with women, and ninth with men.

Among the men the time lost in the age group 60-64 was double that of the time lost under twenty-five. There was a fairly steady increase in time lost in both sexes for each age group. For the females, the age groups between 45-55 did not show any unusual increase in the incidence of illness as compared with the other age groups. The chief cause of retirement (31.6%) was cardio vascular disease, with nervous disease, central and functional, coming second with 20.8%; respiratory disease was third with 15.1 per cent.

Building Up Community and Departmental Relations

Creating an Opportunity for an Informative Discussion at a Joint Meeting of Hospital Governors, the Medical Staff, the University and the Community

By G. H. A.

THE problem of the relationship of the hospital with the various bodies and organizations with which its activities bring it into contact may be solved in various ways. Each hospital must work out the solution in the light of its own local situation, but the Kingston General Hospital has developed an approach to this problem which is already proving of inestimable value in the establishment of sympathetic and interested hospital relationships.

Having in view the desirability of intelligent and friendly departmental and community relations, the policy has been promoted whereby one out of every four meetings of the board of governors is set aside for a general discussion of local hospital problems with, and by, various groups and bodies in the community interested in these problems. Representatives of the university, the medical staff, the faculty of medicine of the university, the local municipalities, the practicing physicians, the intern staff, the nursing staff and the welfare societies are invited.

A light supper in the hospital solarium is arranged and a guest speaker invited to give a short address, which opens the discussion on various service problems. The speaker may be invited to cover one or more of such subjects as:

The Required Standard of Hospital Care,
Problems of Providing Clinical Facilities and Material
for a Teaching Institution,
Relationship of Medical and Administrative Departments,
Laboratory and Special Clinical Services,
Revenue Problems,
Cost Problems,
Municipal Indigent Problems,

and any other subject which would tend to open up a discussion.

A Typical Meeting

The last "relationship meeting" illustrates the arrangement. On May the 27th last, a joint meeting was held at which some 86 persons, each one interested in some phase of hospital work, sat down to supper. The bodies represented included the hospital board of governors, the medical staff, the trustees of Queen's University, the medical faculty of Queen's University, the local municipalities, the local welfare boards and the hospital executive and intern staff. The guest speaker on this occasion was the Secretary of the Canadian Hospital Council. The usual agenda for a board meeting was dispensed with on this occasion and the chairman directed the discussion following the address so as to centre upon a number of the points con-

sidered. A very helpful and instructive discussion took place following the address, among the contributors being Dr. F. Etherington, Dean of the Medical Faculty, Queen's University, Mayor H. A. Stewart of Kingston, Mayor Eldon Staebler of Gananoque, Mr. J. K. Fraser, Chairman of the Welfare Board, City of Kingston, Mr. R. Fraser Armstrong, Superintendent of Kingston General Hospital, Dr. W. E. McNeill, Vice-Principal of Queen's University, Mr. Stuart J. Crawford, Chairman of the Board of Governors of the Hospital and others.

It was of educational value, for instance, to have representatives of the hospital, the municipalities and welfare societies discuss the problems of relief, indigency and residency.

A meeting of this type provides a unique opportunity for all concerned to get the other person's viewpoint. Subjects which have been discussed at these meetings have included, among others, required standard of hospital care; relationship of the management to patients, medical staff, medical college and university, intern staff, nursing organization and the community; the cost of hospital care; what constitutes an indigent; problems of the municipalities in carrying out their investigations; problems of a teaching hospital; hospital laboratories and special services; and revenue and taxation problems.

Canadian Representatives in A.H.A. House of Delegates

Latest information would indicate that the following delegates and alternates to the recently formed House of Delegates of the American Hospital Association have been named by the members in the various provinces.

Alberta	A. F. Anderson, M.D., R. T. Washburn, M.D. (alt.)
Manitoba	G. S. Williams, M.D., Kathryn M. McLearn (alt.)
New Brunswick	S. R. D. Hewitt, M.D., Miss A. J. MacMaster (alt.)
Nova Scotia	Sister M. Ignatius, Anne Martin (alt.)
Quebec	J. C. Mackenzie, M.D., W. H. Delaney, M.D. (alt.)
Saskatchewan	H. H. Mitchell, M.D., J. S. Williams (alt.)
Elected by the Assembly	George F. Stephens, M.D.
Ex officio,	
Board of Trustees	Harvey Agnew, M.D.

Three Timely Questions Answered

By GORDON A. FRIESEN,
Administrator, Belleville General Hospital, Belleville, Ont.

1. Should hospitals in the same community adopt uniform schedules or charges? Can hospital charges be standardized?

Competition among hospitals such as cutting rates below the cost of care in order to secure contracts or attract patients is not in accordance with the hospital code of ethics. Too frequently, however, the more modern hospitals with all the best of equipment and facilities available are compelled to accept patients at the same rate as the mediocre type of hospitals. It would appear under such circumstances that the better hospitals are penalized as their per diem rates are obviously proportionately higher and as a result the loss much greater. This is particularly applicable in the case of public ward patients where the rate is set by statute. It has been suggested by an authority that the hospitals should be placed into at least three grades according to the type of service they are able to render. This might be quite feasible, particularly if the Government were to recognize such classifications and accordingly increase its grant to the better types of hospitals. However, it is generally conceded that hospitals in the same community should adopt a uniform schedule of charges.

It would be most advantageous to the hospital as well as to the patient if the charges within the hospital could be standardized. Flat rates have been adopted by numerous hospitals for specific types of cases and proven successful.

2. Are there new sources of income to which hospitals may look in the near future in order to meet the increased costs?

New sources of income are becoming increasingly difficult to find, although the methods adopted by various hospitals on the continent have been found most practical. These include: Tea Room with fountain service, Flower Shop, Travelling Store (which is, as the name implies, a store on wheels taken around wards with cigarettes, magazines, candy and other knick-knacks), Barber Shop and Ambulance Service, as well as salvaging paper, glassware, scrap iron, garbage, etc. "Group Hospitalization" and Workmen's Compensation Board Insurance are the more recent developments which have assisted in assuring hospitals of income. Legislation might be enacted to provide for compulsory automobile accident insurance with the provision that hospital accounts and other expenses be protected out of monies arising from such insurance.

3. Should not hospitals generally make a more effective appeal to philanthropy? If so, what are some ways through which this can be done most effectively?

The modern hospitals of to-day which may rightly be called "Health Resorts" are too often taken for granted by the communities which they serve. This is usually due to the fact that the public is not conversant with the functions of the hospital and consequently it is not included in bene-

factions when seemingly less worthy forms of beneficence receive consideration. It is therefore not only the duty of the hospital to "disseminate to the public information concerning its functions and the manner in which they are performed" as stressed by Dr. MacEachern in "Hospital Organization and Management", but it is most definitely to the advantage of the hospital, as this is the means of building up in the minds of the public a human interest. As a result an effective appeal to philanthropy would be inevitable. This may be brought about through talks to Service Clubs, Women's Hospital Auxiliary organizations, through carefully prepared hospital stories for newspapers, and numerous other methods. The Annual Report prepared by the Strong Memorial Hospital in Rochester is a unique example of what can be done in portraying the activities of a hospital in an effective and interesting manner.

However, regardless of what means are employed to educate the public, they are all of no avail unless the hospital can render so efficient a type of service that the patient will not counteract the impression the hospital is trying to convey.

Presented at A.C.S. Sectional Meeting, Toronto, Ontario, March 22-24, 1938.

Hamilton General Hospital Holds Post-Graduate Course

An excellent two day course was arranged in June by the staff and management of the Hamilton General Hospital. The holding of post-graduate and refresher courses has been a feature of the work of this hospital for a number of years with the result that it is developing a wide reputation as a post-graduate centre. This last two-day program of clinics and demonstrations has well upheld the standard already set. Clinics were held simultaneously in surgery, medicine, venereal disease, gynaecology, dermatology, and ophthalmology and oto-laryngology. Special clinics were held in urology, the heart, rectal disease, paediatrics, injection treatment of varicose veins and hernia, on fractures and the care of the pregnant woman. Guest speaker at the dinner was Dr. W. E. Gallie, who spoke on "Impressions of Gastric Surgery".

In addition to a number of commercial exhibits there were some 15 scientific exhibits covering various aspects of the scientific work being done in the hospital.

The medical staff who participated, the Committee of Arrangements, under the chairmanship of Dr. O. A. Cannon, the superintendent and his assistant, all deserve a great deal of praise for this excellent course which was attended so largely by practitioners from the Niagara peninsula and points throughout Western Ontario. There were well over 500 doctors in attendance.

Here and There in the Hospital Field

By THE EDITOR

PITTSBURGH, PA.—An interesting experiment in public relations was conducted in Pittsburgh this spring. Two high schools were asked to choose from the editorial staffs of their school papers a few students who might go into two of the hospitals, the Allegheny General and the West Penn, to gather material from the outside point of view to make up a complete addition of each of the bulletins regularly issued by the two hospitals. Copies were then distributed to the student bodies, so that parents could see for themselves the impressions made upon the young writers.

The results were very interesting, both bulletins, one of them an eight page issue, were full of very interesting essays on various phases of the hospital work. Some were factual while others dwelt essentially with the psychological and sentimental side of hospital activities. One writer was interested in the boiler room, another in the diet kitchen, another in germs. The two publications were remarkably interesting, and were highly educational.

* * *

CHENG TU, WEST CHINA.—The medical staff of the Eye, Ear, Nose and Throat Hospital of the West China Union University in Chengtu have sponsored the formation of the Chengtu Eye, Ear, Nose and Throat Society, the society in China representing jointly those practising in ophthalmology and oto-laryngology. All but one of the officers are Chinese and the members are derived from the staff of the West China Union University, of the National Medical College of Nanking and of Cheeloo University of Tsinan, Shantung, the staffs of which have been transferred to Chengtu because of the war conditions. Specialists in the West China area are also members of this society.

* * *

An American senator is quoted in a recent issue of Time as stating that it had long been his hope that, when taken ill, he would have a high sounding rather than a simple disease. Imagine his chagrin when he was taken to hospital with "shingles"!

As a matter of fact he need not have felt so badly. His life-long ambition might have been realized had he known that "shingles" could have been written as "a discrete vesicular dermatological lesion, the peripheral manifestation of an acute haemorrhagic posterior myelitis".

* * *

OTTAWA.—Speaking before the Royal Society of Canada, Dr. V. E. Henderson, University of Toronto, who with Dr. George Lucas, discovered the anaesthetic qualities of cyclopropane, stated that as yet the perfect anaesthetic had not been discovered.

Dr. Henderson described the perfect general anaesthetic as producing not only absence of pain and loss of memory of the operation, but complete unconsciousness and such a deep depression of the central nervous system that painful stimuli do not produce any muscular reflexes and have as

little effect as possible upon the respiratory cardiac or other reflex centres. It should allow, too, for inhalation of adequate amounts of oxygen throughout its administration and its effects should pass quickly and completely.

* * *

It is not every day that one meets in the flesh a leading character from a best seller. Our secretarial office has just had a visit from "Doctor Hercules" whose work in public health organization in Jugo-Slavia was so well described in Adamic's well known work, "*The Native's Return*". In real life "Doctor Hercules" is Dr. Andrija Stampar, Director of Health for Jugo-Slavia before the dictatorship, and now world traveller under the League of Nations and the Rockefeller Foundation. His pseudonym was well chosen.

Dr. Stampar had much to say of hospital and medical conditions the world over, but time and time again he emphasized how happy we should be in the British Empire and in the United States where democracy still exists, where speech is free and where the achievement of the individual is still recognized. The utter hopelessness of the situation of so many of the intellectuals in many of the continental centres has made suicide seem the logical and only solution.

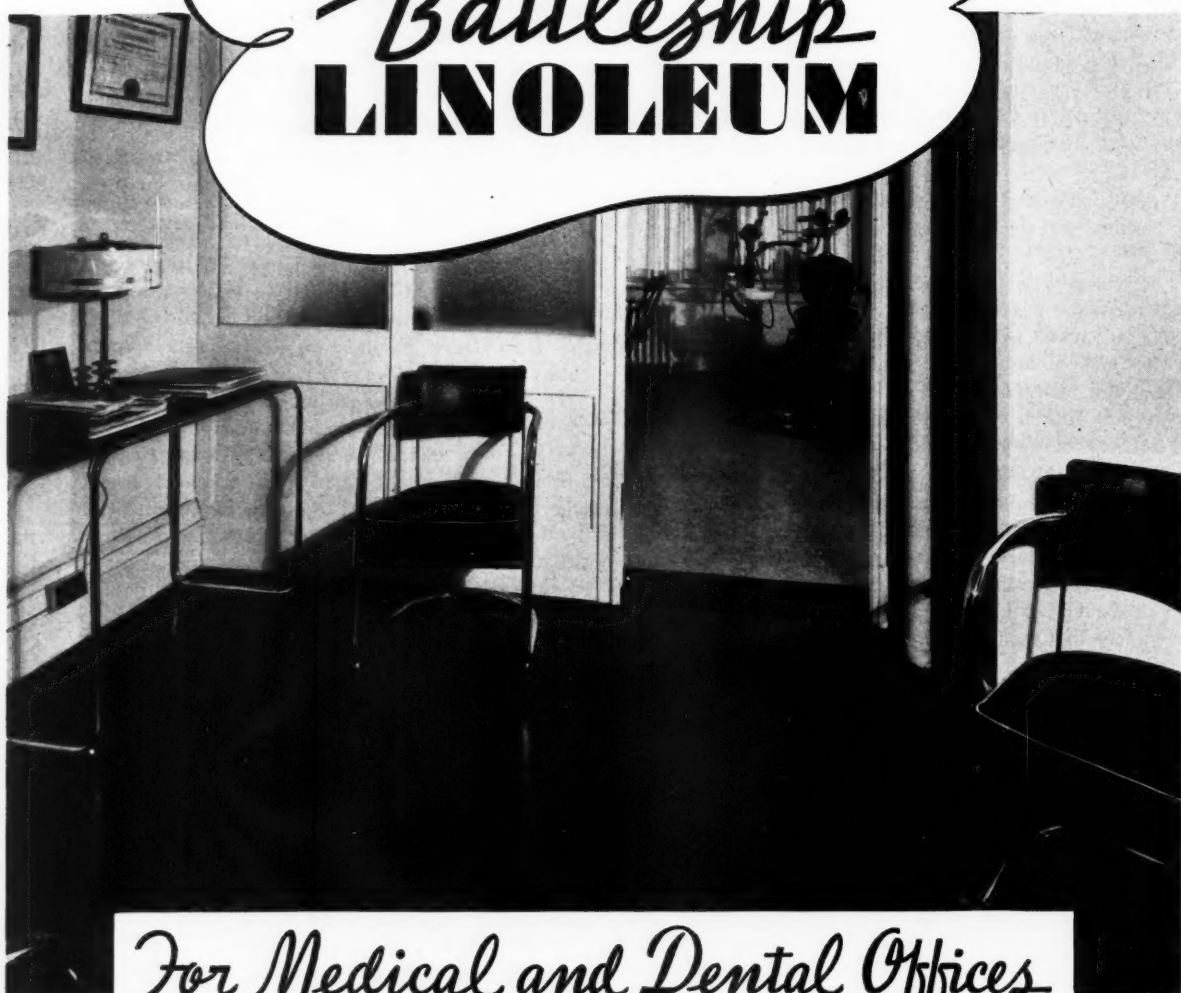
* * *

NEW SOUTH WALES.—A recent visitor from the antipodes, a hospital administrator, Dr. A. B. Lilley, Superintendent of the Royal Prince Albert Hospital, Sydney, tells us that in New South Wales student nurses are on salary and have their hours governed in a fashion similar to other female workers by virtue of an award by the Industrial Arbitration Court. Pupil nurses are paid from £1 12s. 6d to £2 10s. *per week*, depending upon their seniority. Students receive 3 weeks leave with pay, per year, and graduates 4 weeks leave.

The student nurses work 52 hours per week when on day duty and 55 hours per week when on night duty. The court decree requires that they have 1½ consecutive days off in every seven. This provision has made the arranging of time-tables somewhat complicated. The particularly large salary is compensated for to some extent by the fact that the student is charged £1 per week for board and lodging. The course covers 4 years.

* * *

ST. LOUIS, Mo.—The many friends of Miss Muriel Anscombe, Superintendent of the Jewish Hospital of St. Louis, Mo., will be very sorry to learn of her very serious illness. Miss Anscombe was born near Simcoe, Ont., and has always maintained a close connection with hospital workers in this country. She has been exceedingly active in her state and national hospital and nurse associations and at the present time is a very valuable trustee of the American Hospital Association. Miss Anscombe suffered an extensive intraventricular haemorrhage which has resulted in a complete hemiplegia.



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HOW MUCH OF YOUR OVERHEAD IS UNDERFOOT?

Ontario Hospital



Association News

CONTRACTS have been let and work started on the new wing of St. Andrews Hospital, Midland. The new wing, which is to cost \$15,000, will provide a number of new moderately priced rooms for private patients, and in it will be housed the maternity ward which will be moved from another wing. A central heating plant which will serve the whole hospital and the nurses' residence is also a feature of the new wing.

Official opening of the new Kinsman wing of the Norfolk General Hospital was postponed from Friday, June 10th, in order to coincide with the first day of the Kinsmen district convention in Simcoe. Honourable Harold Kirby, Ontario's Minister of Health, was the chief speaker.

The Galt Hospital Board has accepted the application of Miss Mary F. Bliss for the position of superintendent of the Galt Hospital to succeed Miss Ella Moffatt. Miss Bliss comes from Port Elmsley, near Smith's Falls, Ont. She is a graduate of the Royal Victoria Hospital of Montreal.

Thousands were present to witness the official opening of Hotel Dieu's new addition at Windsor, on May 29th. Most Rev. J. T. Kidd, Bishop of London, officiated.

More than 500 physicians and surgeons attended the annual program of clinics and demonstrations arranged by the staff of the Hamilton General Hospital on June 7th and 8th. Clinical demonstrations under more than two dozen medical, surgical and specialized classifications were crowded into the two-day schedule and extensive commercial and scientific exhibits were features of the program.

When the Ontario Government's mental hospital, south of St. Thomas, is completed, there will be at least one mile of tunnels and covered passageways connecting the various buildings.

Tenders for construction of a new nurses' home at the General Hospital, Port Arthur, have been called. Work is expected to commence early in the summer.

The possibility of a hospital being constructed at Geraldton, Ont., in the near future by the Grey Nuns' organization of Montreal is reported.

Dr. William T. Noonan, of the obstetrical staff of St. Michael's Hospital, Toronto, has received notification of his appointment to Fellowship in the Royal College of Physicians of Ireland.

The administration building of the new Ontario mental-tubercular hospital, west of Brampton, will be completed shortly. This is only one of a large series of buildings which will comprise the entire institution.

The resignation of Miss E. MacWilliams, superintendent of the Oshawa General Hospital for twenty-eight years, was announced during the 25th annual graduation exercises of the hospital on June 2nd.

A building permit, calling for an expenditure of \$85,-

000 for the administration building at the Port Arthur mental hospital, was issued on June 1st.

Kingston General Hospital has been named to receive the residue (amount not announced) of the estate of Mrs. Minnie D. Johnston, former graduate of the hospital.

WOMEN'S HOSPITAL AIDS ASSOCIATION Province of Ontario, Canada

Association formed 1910 Individual Aid formed 1865

The Women's Hospital Aid to Grace Hospital, Windsor, gave over eight hundred dollars to the hospital, furnishing two chart rooms, patients' hospital library and obstetrical table, besides distributing gifts to the patients. Over five thousand articles were made by the sewing groups. Over thirty-four thousand dollars has been given to the hospital during the past six years. Splendid work has been done by the Women's Hospital Aid to the Metropolitan Hospital, Windsor. Nearly eight hundred dollars was given in the purchase of screens for the private rooms; a Collins oxygen tent for children; also an adult oxygen tent, besides active sewing groups and making necessary supplies and marking the same.

The Goderich Hospital Aid presented the graduation class with scissors. The officers and members were hostesses to the class at a graduation dance. They purchased an oxygen humidifier and are purchasing a gas machine. During the opening of the new nurses' home, the officers and members of the Aid were tea hostesses. Donations of linen and fruit, etc., were received on that day. Goderich Hospital Aid has given fifteen thousand dollars to the hospital.

The Listowel Hospital Aid is responsible for all mending also provide and make sheets, pillow cases and layettes, etc. This Aid has given ten thousand dollars to the hospital.

The Ayr Hospital Aid work for the Galt General Hospital and the Freeport Sanatorium, provide special treats for the patients, gave a large donation of canned fruit to both institutions; purchased the utensil cart for the Freeport Sanatorium; have given three thousand dollars to these institutions.

The Newmarket Hospital Aid has twenty members. They provide all linens, blankets, curtains, etc., for nurses' living room. Provided dishes and flat silverware for nurses' home; keep linen cupboard well supplied at all times; pay for experienced seamstress for the hospital; keep a well supplied samaritan box with baby clothing which is given out at the discretion of the Superintendent to needy mothers leaving the hospital.

The Waterloo Hospital Aid has fifty members. Much social service work is done and sewing groups are very active. A Hobart Mix-Master was purchased for the hospital kitchen. Gifts to nurses and assist in any way possible with hospital function during the year. Seven thousand dollars was given to the hospital.

The Women's Hospital Aid to Hotel Dieu, Windsor, is very active; fourteen thousand dollars being given to the hospital last year and one hundred and fifty thousand dollars has been given to the hospital during the Aid's lifetime.

The Woodstock Hospital Aid assisted in furnishing new nurses' residence to the extent of four thousand five hundred and seventy-one dollars. This Aid has an active sewing group where much assistance is given to the hospital by busy workers. Sixty thousand dollars has been given to the hospital by this Aid.

The Women's Hospital Aid of Niagara Falls provide bedding, blankets, sheets, pillow slips, bed-spreads, table cloths, towels, gowns, slippers, curtains, rugs, dishes and cooking utensils. Since 1921 they have given twenty-thousand dollars to the hospital.

Construction

Authorization for construction of a 200-bed addition to the Edmonton General Hospital, at a cost of \$450,000, has been received from the Sisters of Charity of the Northwest Territories at Montreal.

The Mount Hamilton Maternity Hospital will be equipped and opened early in September according to a city council decree at Hamilton, Ont. A debenture issue of \$25,000 will provide for capital expenditure and \$8,000 for maintenance for the rest of the year has been passed by the council.

Estevan, Sask., will have a new \$100,000 hospital under the nursing order of the Sisters of St. Joseph of Peterboro.

Tenders have been called for the proposed \$100,000 3-storey addition to the General Hospital at Chatham, Ont.

The Brantford, Ont., General Hospital will have a 54-bed addition sometime in the future although no building program is contemplated this year. The long-deferred by-law providing for the issue of debentures in the amount of \$100,000 was finally passed in third reading.

A new 12-bed hospital is being opened by the Grey Nuns at Fort McMurray, Alta.

A Nurses' Home is being constructed at the Provincial Sanatorium at Charlottetown, P.E.I.

The new hospital at Prince Rupert will have 73 beds. The provincial government is contributing \$25,000 now and an equal amount will follow as work progresses.

Plans for the new hospital wing to house the out-patient department of St. Boniface Hospital, Winnipeg, call for a one-storey "L" shaped building costing approximately \$150,000.

The City of Ottawa, at the request of the trustees of the Civic Hospital, has reserved a block of land north of the hospital as a future site for a convalescent home.

Tenders are being received for the proposed \$80,000 hospital to be erected at Rossland, B.C., under the Sisters of St. Joseph.

There will be about \$650,000 available for new extensions to Victoria Hospital, London, Ont., and construction will start this summer.

Provincial letters patent have been granted to the Sanatorium de Montreal, Inc., covering establishment of a hospital at Montreal. The building is to be completed this summer.

Plans for the erection of a tuberculosis annex at St. Joseph's Hospital, Glace Bay, N.S., have been drawn up and government support has been promised.

The proposed \$8,000 addition to the nurses' quarters at Robinson Memorial home, St. Stephen, N.B., will be a three-storey extension which will accommodate twelve nurses.

Zeballos, B.C., is planning a \$15,000 community hospital which will be a branch of the Canadian Red Cross Society. The community will raise \$10,000 and the balance will be obtained by a loan to the Red Cross from the government.

The \$15,000 hospital built at Rocky Mountain House, Alberta, by the Women's Missionary Society of the Presbyterian Church is now ready for occupancy.

Verdun General Hospital, Quebec, is planning to seek a grant from the Provincial Government for the enlargement of the hospital.

The St. John's Garrison Medical Mission of Toronto, Ont., will launch a building campaign with \$40,000 as objective. The buildings will be erected on parish property adjoining the St. John's Church. Clinic and dispensary have been located in the class rooms at the church but the average annual attendance of 10,000 makes new accommodation necessary.

HOSPITAL SUPERINTENDENT WANTED

Applications will be received from registered nurses for the position of Superintendent of St. Peter's Infirmary, Hamilton. This institution is a hospital for incurables with 70 beds, which is being enlarged to a capacity of 140. Applicants must have administrative and executive training and ability and should state age, religion, experience, ability and salary expected. Address A. M. Waller, Secretary, 53 Sun Life Building, Hamilton, marking envelope "Application".



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SQUIBB ETHER

News of Hospitals and Staffs

Miss F. Munroe, Appointed Superintendent at Montreal Hospital

Miss Fanny Munroe, R.R.C., R.N., of Edmonton, will succeed Miss Mabel Hersey who is retiring after 30 years of service as superintendent of nurses and head of the training school of the Royal Victoria Hospital, Montreal. Miss Munroe, who is a native of Woodstock, is a graduate of the Royal Victoria and has taken extensive post-graduate work in Canada and the United States. She had a distinguished overseas record and since 1927 has been superintendent of nurses at the Royal Alexandra Hospital, Edmonton.

* * *

Increased Accommodation at Calgary General Hospital Urged

The medical staff of the Calgary General Hospital recently presented a resolution to the hospital board urging a publicity campaign to acquaint the public of the need of increased accommodation for the hospital.

* * *

Flat Rate for Maternity Care at Regina General Hospital

Regina General Hospital Board has authorized a special flat-rate system that will reduce, by approximately 25%, the usual costs of maternity hospitalization. The plan provides for 10 days of hospital care with all extra services (excepting physician's fees) at a set sum, payable in advance. The cost for public ward accommodation is \$25; semi-public \$30; semi-private \$40; and private \$45. Any time spent in the hospital over the 10 day period is paid for at regular rates. The plan is already in operation at several hospitals in Saskatchewan.

* * *

Bentley Community Hospital, Alberta, Receives Bequest

A heartening gift has been received by the community hospital of Bentley, Alberta. Nils Larsen, a pioneer bachelor farmer, bequeathed over \$12,000, almost his whole estate, to the hospital, "in recognition of the efficient work being done by Dr. W. A. Henry, superintendent, and the staff".

* * *

Ontario Minister of Health Visits Fort William Sanatorium

Hon. H. J. Kirby in a recent visit to the city visited the Fort William sanatorium and promised that government co-operation would assume tangible shape as financial aid in the treatment of out-patients and funds for the completion of the annex now under construction.

* * *

Jeffery Hale's Hospital, Quebec, Holds Successful Pound Day

Pound Day, a yearly event at Jeffery Hale's Hospital, Quebec City, this year brought goods to the value of \$470 to the hospital. Flour, sugar, jams and all kinds of foods were received. Cash donations totalled \$330, an increase over those of last year.

Hospitalization Scheme for Saint John, New Brunswick

The two public general hospitals of Saint John, N.B., the General and St. Joseph's Hospitals, are co-operating in a group hospitalization scheme which, it is anticipated, will begin to operate during the summer.

* * *

Collingwood General Hospital Celebrates Fiftieth Anniversary

Collingwood General and Marine Hospital, Ont., celebrates 50 years of incorporation this year. Its chief founder was a woman, Mrs. Eliza F. Lett, and in 1887 incorporation of the hospital was accomplished in spite of the opposition of most of the business men of the town. The hospital originally had 8 beds and a total staff of 4; to-day there are 60 beds and a staff of 7, with 21 pupil nurses.

* * *

New Clinic at Winnipeg Opened

The formal opening of the McKittrick Clinic for pulmonary disease took place recently. The clinic is an addition to the tuberculosis out-patient department at the King Edward Hospital and was built from funds left by the late Martin T. McKittrick of Winnipeg.

* * *

Convalescent Hospital Outgrows Space In Year

St. John's Convalescent Hospital at Newtonbrook, near Toronto, which was opened a year ago, has already outgrown its capacity. Built to accommodate 65 patients it could now house twice the capacity available. This hospital works in co-operation with all of the public hospitals in Toronto.

* * *

Hospitalization Group Formed at Galt, Ontario

The Galt Hospital Board of Galt, Ont., has endorsed the plan of the Kiwanis Club of that city for the incorporation of a hospitalization group there. The club is advancing \$100 for incorporation of the group under the Friendly Societies Act and an additional \$300 will be loaned as working capital to get the movement started.

* * *

Well Known Montreal Superintendent Passes

It is with regret that we note the passing of Miss L. C. Phillips, Montreal, who, for 33 years was superintendent of the Montreal Foundling and Baby Hospital and director of Argyle School of Training of that hospital. A native of England, Miss Phillips came to Canada as a child and received her nursing training at Montreal and Boston. Miss Phillips was well known for her organization work among nurses and she was a leader in the movement which resulted in the formation of a provincial association of the registered nurses of Quebec. Since 1933 she has been retired from active hospital work because of ill health.

University Facilities in Ontario for Education of Nurses

Report of the Committee on Relationships between the R.N.A.O. and the Ontario university schools of nursing.

This Committee on Relationships was formed to keep the professional groups posted in newer developments in education and to keep the schools in close touch with professional requirements.

There are three university schools of nursing in Ontario, the University of Western Ontario, London, the School of Nursing of the University of Ottawa, and the University of Toronto. Western has two courses, a post-graduate course in public health, teaching or hospital administration, and a five-year degree course, arranged in conjunction with certain hospital nursing schools. At Ottawa there is a similar five-year course leading to the degree of B.Sc. in Nursing and a three-year course for the diploma. Toronto offers graduate courses in teaching and supervision, public health nursing and one for advanced students in special subjects. The undergraduate course is a 38-month course offering general training in nursing, including public health nursing, and endeavoring to demonstrate the possibilities of a nursing school which is independent financially from the hospital and controls its own educational policies.

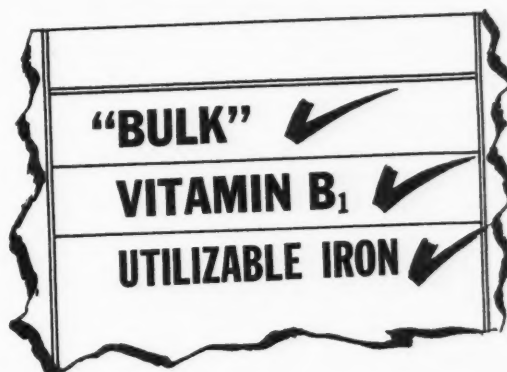
Toronto and Ottawa, in offering an undergraduate course in nursing, that is, the regular three-year training in hospital nursing, are able to control educational policies in content, arrangement of teaching and in use of the students' time. At both schools the staff, professional and nursing, is selected and paid for teaching; at Toronto the medical staff is also paid, while at Ottawa its services are voluntary. The students at both schools pay for tuition; at Ottawa they receive maintenance from the hospital, but at Toronto they are not subsidized by the hospital in any way. Toronto is experimenting with a basic training course giving training in public health and hospital nursing and intended to serve the needs of both fields. The Toronto school, too, is doing experimental work to determine the cost of operating a nursing school on the ordinary basis of a professional school.

The committee, after this survey, strongly endorses the use of university facilities on behalf of nursing education and presents the need for a change in the present undergraduate course in nursing as now given in the hospital nursing school. It believes that schools which are independent should be encouraged to demonstrate the most pressing changes needed to meet present day conditions. In regard to graduate courses the committee endorses the principles of special training for the instructors in schools of nursing and for nurses who enter the public health field, and recognizes the need for extension of the present post-graduate courses.

The report recommends that the Registered Nurses' Association of Ontario encourage its members to support research work on behalf of nursing education and emphasizes that information on the work of the university schools be made available and interpreted for the nurses through the facilities of the provincial association.

Editor's Note: As this report dealt with university schools in the one province only, mention is not made of the excellent university facilities in other provinces. See C.H.C. Bulletins Nos. 11 and 22.

JULY, 1938



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THE NATURAL LAXATIVE CEREAL



N.S. & P.E.I. and N.B. Hospital Associations to Co-operate

UNITED sessions of the Nova Scotia and Prince Edward Island and New Brunswick Hospital Associations were considered at a joint meeting held in Halifax recently. After considerable discussion, the matter was referred to a committee representing both associations for consideration as to detail. A recommendation has been prepared which will permit the associations to obtain the advantages of a joint session and at the same time preserve their full autonomy.

Topics of interest were presented and discussed. W. W. Warwick, M.D., Chief Medical Officer, Provincial Department of Public Health for New Brunswick, spoke on Public Health and Hospitals. Ross Mitchell, M.D., Obstetrician-in-Chief, Winnipeg General Hospital and Professor of Obstetrics at the University of Manitoba, outlined the seven cardinal principles by which hospitals can reduce maternal mortality. Rev. H. G. Wright presided at the dinner, at which Miss A. J. MacMaster of Moncton, and Harvey Agnew, M.D., were the principal speakers. Sister Mary Peter of Antigonish led the discussion on Nurse Education. Doctor Scammell and Sister Anna Seton led the Round Tables.

The health of the pupil nurse was a subject of discussion, and Mrs. J. U. Fielding, speaking on tuberculosis, pointed out that Canada is 100 years behind the Scandinavian countries in the prevention and control of this disease. In this connection Harvey Agnew, M.D., told of a new development in Canada whereby machinery has been set up to keep tab on all the tubercular persons in the province and to record all contacts.

Doctor H. L. Scammell spoke on Workmen's Compensation Board relationships. The association later drafted a resolution urgently requesting the government to amend the Workmen's Compensation Act to make the benefits in the act applicable to hospitals in the mining districts with check-off systems.

A resolution was drafted expressing the desire of the hospitals to assist and co-operate in all public health measures. An advisory committee of three was appointed to represent the hospitals: Mother Ignatius, Antigonish; Miss Harvey, Middleton; and B. H. Wetmore, Yarmouth.

The progress being made by the Canadian Hospital Council in obtaining uniform accounting methods across Canada was reported, and it is anticipated that the association will adopt the forms made available by the Dominion Bureau of Statistics.

Sweepstakes were condemned as a source of revenue for hospitals and the policy of the Canadian Hospital Council upheld. A substantial increase in funds for the support of the Canadian Hospital Council was voted by the Nova Scotia and Prince Edward Island Hospital Association, and assured by the New Brunswick Hospital Association.

Harvey Agnew, M.D., spoke briefly on the work of

Red Cross Outpost Hospitals and possible development in Nova Scotia, after which Mrs. J. U. Fielding announced that the Red Cross had agreed to give \$2,000 towards a Red Cross hospital in Cape Breton.

Officers appointed: Nova Scotia and Prince Edward Island Hospital Association President, A. J. MacDonald, President, Glace Bay Hospital, Glace Bay, N.S.; Secretary, Miss Anne Slattery, R.N., Windsor, N.S.

New Brunswick Hospital Association—President, S. R. D. Hewitt, M.D., Superintendent, Saint John General Hospital, Saint John, New Brunswick; Secretary, Miss Ruth C. Wilson, Secretary, The Moncton Hospital, Moncton, N.B.

Medical Students and Interns Form New Organization

Recently the student organizations in several of the eastern medical colleges united to form a national organization to be known as the Canadian Association of Medical Students and Interns. At the present time the new association is being sponsored by three student societies, The Medical Society of the University of Toronto, the Aesculapian Society of Queen's University and the Hippocratic Society of the University of Western Ontario. Invitations have been extended to the student societies in the other universities but, while a number of replies expressing interest and co-operation have been received, official action by these other student bodies was not taken before the end of the school term. While the organization is open to interns, in its initial stage its membership has been among the student body; it is hoped that intern members will participate during the coming year.

The program of the new Canadian Association of Medical Students and Interns is of interest to hospitals inasmuch as one of the first activities proposed is the setting up of a uniform date for the appointment of interns. This is something which has been discussed for years by senior students and for that matter by hospital staffs, for the present arrangement is by no means satisfactory to either senior students or the hospital. It is felt that the selection of a uniform date for the making of appointments would overcome much of the difficulty now experienced by all parties concerned and the new C.A.M.S.I. is to make a study of the feasibility of some such arrangement.

The organization is interested also in the subject of tuberculosis among the students and interns. These young men, through their fraternity and other contacts, have been impressed with the unnecessary annual wastage from this disease among both students and interns. It is felt by the new association that much could be done to educate the student body particularly on this subject and to influence students and interns to take greater care of their health, particularly with respect to personal contacts, daily habits and housing. The details of this educational pro-

gram are to be suggested and developed by competent authorities in this field.

Membership is open to all medical students and interns in Canada. To expedite organization, the present officers are zoned in the Toronto area, the Chairman being Paul F. McGoey, the Vice-Chairman, D. Harold Copp and the Secretary-Treasurer, Wm. K. Kerr.

Purchasing for a Large Hospital

(Continued from page 16)

year. The purchasing official should therefore have the privilege of requesting this information *several months in advance*, so that at the beginning of a budget period he may make reconciliation with the actual work programs. From a summary of these estimates, it becomes possible to negotiate a long term contract on a rising market, thus securing the benefits of purchasing large amounts, and at the same time protecting the hospital against price increases. However, when prices are declining, a capable Purchasing Agent will buy on a hand-to-mouth basis in quantities only sufficient to meet immediate requirements.

It is a fallacy for the buyer to assume that he has the right to make the final decision in the selection of quality, or that operating departments must accept and use what he prefers. It is quite obvious that no Purchasing Agent can know more of a given product than its manufacturer; the former should, however, possess sufficient knowledge to be able to discuss intelligently the pros and cons of the article in question.

Standards and Specifications

Standards should be adapted to the best interests of the various using departments, and should not arbitrarily represent the personal preference of the Purchasing Agent. Specifications should be elastic enough, when formulated, to include standard brands and varieties regularly produced by the maximum number of manufacturers, so as to stimulate a broad competition and thus avoid the excessive cost of special manufacture. Quality and performance of a product should be regarded as equally important with the price in determining the standard. To attempt standardization of all the numerous minor commodities used in a hospital is impractical, but all hospitals buy in large quantities a number of articles which are common to the needs of all. For such articles the hospital should, in the interest of economy, reduce its purchases to a minimum number of varieties and brands.

Tenders

All tenders are received by the hospital *sealed*, and are opened in public at an appointed hour and place; bids are tabulated and analysed to determine which is the most acceptable. A decision cannot always be arrived at immediately, especially when a number of complicating factors are involved and if the bids are accompanied by samples which require examination to establish quality. Newspaper advertisements always announce the award of a contract. The Vancouver General Hospital has adopted the practice of notifying by mail all unsuccessful bidders that a contract has been awarded to a competitor; this has proven a fine medium for creating "Goodwill" among vendors. This notice is quite impersonal, but it assures the would-be vendor that his bid was given due consideration.

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tions be established and maintained between an official charged with purchasing authority and the sales representatives with whom he comes in frequent business contact; it is a wise Purchasing Agent who recognizes that a liberal education may be secured from these personal associations.

Printing

It may be of interest to the reader to learn that the forms used in this department, some of which are reproduced in the accompanying illustrations, were prepared by the Vancouver General Hospital printing plant, equipped to serve the major portion of the printing needs of this institution. Some five years ago it was deemed advisable by the hospital authorities to install the nucleus of a printing plant; the wisdom of this departure became apparent during the following twelve months, for it was estimated that printing costs were cut by approximately forty per cent during that period.

Subsequent expansion of this new service department has been fully justified; for instance, a variety of printed forms, the cost of which hitherto, was considered prohibitive, are now available to any branch of the institution.

The patient capacity and geographical layout of our institution are already extensive and have a decided tendency to expand still further; hence a centralized purchasing and stores system which readily permits of the closest accounting control over the expenditures for supplies of materials and equipment and which precludes over-expenditure of appropriations proves of the utmost importance. Because of the very apparent advantages of centralization, sustained efforts have been made to inaugurate a centralized system embodying the latest ideas and which would embrace the particular problems of purchasing and stores activities of the Vancouver General Hospital.

The foregoing précis describes a systematized routine method of stores purchase and accounting, which has proven economical and convenient, and which has displayed ample flexibility to cover the unusual problems and demands which arise from time to time in any large organization. It will be noted that the accompanying forms and documents have been designed for the departments' use especially; they are in all cases self explanatory and simple.

The Rural Small Hospital (Continued from page 18)

Cowper sums up *helpfulness* thus:

"Charity is a plant divinely nursed,
Fed upon the love from which rose at first,
Exuberant is the shadow it supplies,
Its fruits on earth, its growth above the skies."

The Apostle Paul, one of the wisest thinkers, puts it in these few words:

"Now abideth faith, hope, charity, these three;
but the greatest of these is charity."

Then, when we have wisely used our talents, and developed to a level of high efficiency the homes of resort for the sick and maimed, comes the promise of a reward from the Great Master:

"Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me."

Medical Social Work as a Vital Health Service

(Continued from page 20)

municipalities through correspondence regarding the providing of surgical appliances, convalescence, etc., and by attempting to show them that to provide these things is far cheaper in the end than to pay for lengthy hospitalization, the department must surely be of value.

Does this not help to educate public bodies regarding the advantages of *adequate* care of the sick? That some of these public officials need educating is borne out by the fact that there have been occasions when the treasurer of a municipality has waited for three or four weeks for a meeting of the council to decide whether they would pay \$5.00 to \$10.00 for a surgical appliance. In the meantime, the patient has been left in the hospital at an expense to the municipality of many times the cost of the appliance, which if it had been provided would have enabled the patient to leave the hospital at once. One sees so often that "to be penny wise is to be pound foolish". In the out-patients' department, through the supervision that the medical social worker can give, patients can be treated and kept comparatively well, when they would otherwise require hospitalization. While there is much to be said about the expense of free hospital clinics, it must be acknowledged that the cost to the taxpayer is far less for this service than for ward treatment.

Value of Women's Auxiliary

In discussing the value of medical social work as a vital service for the promotion of health one cannot complete the picture of its activities without speaking of the volunteers. No social service department can function properly in an hospital without the backing of a Women's Auxiliary. This group of influential women can accept the responsibility for providing the finances, either wholly or in part. If the hospital Board pays the salaries of the workers, the Auxiliary can provide the funds for medical relief-giving.

The Women's Auxiliary, too, serves as a source from which volunteer services may be drawn. They can provide clinical aids, clothing committees, motor services for the transportation of patients, library workers, or committees to meet with the paid staff to advise as to the expenditure of money. This volunteer group is of tremendous value in interpreting the hospital and in giving it a standing in the community. It is of equal value in interpreting the community to the hospital.

Reference Library Established by American College of Hospital Administrators

Mr. Gerhard Hartman, Acting Executive Secretary of the American College of Hospital Administrators, has announced the setting up of a reference library on hospital administration. The purpose of this reference library will be to make available to graduate students in the hospital administration course and to advanced students at the institutes, the literature of the hospital field. Material in the library, which is at the University of Chicago, will be sent to the universities at which the institutes are being held. It is hoped that the library will also serve as a research base for students in hospital administration.

JULY, 1938

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Book Review

THE LIVING BODY—a text in human physiology. By C. H. Best, M.A., M.D., D.Sc., F.R.S., F.R.C.P. (C), and N. B. Taylor, M.D., F.R.S., F.R.C.S., F.R.C.P. (C), M.R.C.S., L.R.C.P., University of Toronto. 563 pp., illust. \$3.60. Henry Holt and Co., New York, 1938.

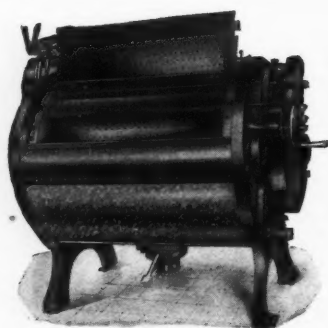
This book is written primarily for the usual college course in human physiology. For this reason much detailed discussion of research findings and other proof are omitted and the picture has been "drawn with a broad brush, the finer strokes being omitted lest they detract from the boldness of the outline". It is not only designed for medical students but would be admirable as a reference text in schools for nurses. This textbook is written by two of Canada's outstanding physiologists, is quite up-to-date, is profusely illustrated and can be recommended without hesitation.

A Request

The Editor,
in the United States, can take encouragement
The Canadian Hospital,
Dear Sir:

If there are any of your readers with wheel chairs for which they no longer have use, St. John's Convalescent Hospital would be most glad to receive them as the number allowed by our budget has not proved sufficient for the demand.

(Signed) Sister Beatrice, S.S.J.D.,
Superintendent, St. John's Convalescent Hospital,
Newtonbrook, Ont.



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Quebec Launches Three-Year Anti-Tuberculosis Campaign

With a death rate of 93 per 100,000 from tuberculosis, Quebec has launched a three-year campaign against the dread disease. The campaign has the support of government authorities, medicine and education.

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